

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Carracas Unit
2. NAME OF OPERATOR NASSAU RESOURCES, INC.	8. FARM OR LEASE NAME Carracas Unit 22 B
3. ADDRESS OF OPERATOR P O BOX 809, Farmington, N.M. 87499	9. WELL NO. #7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL - 1715' FEL	10. FIELD AND POOL, OR WILDCAT Undes. Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 22, T32N, R4W NMFM
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 6754' GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE N.M.

RECEIVED

JUL 30 1992

OIL CON. DIV.
DIST. 3

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Test Pictured Cliffs formation

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Plan to test the Pictured Cliffs formation as follows:

Kill well with produced water if necessary.
Nipple down well head and nipple up BOP.
Pull rods and pump and clean out as necessary.
Perforate Pictured Cliffs formation at 3722' to 3738' with
2 spf using .5" perfs.
Run packer on tubing and set at 3700'.
Swab test Pictured Cliffs formation.
Break down PC perfs with 750 gallons HCL acid using frac
balls.
Swab test PC zone.
Frac PC zone with 85,000# of sand and 40,000 gal. of fluid.
Swab, test and clean out after frac as necessary.
Get 24 hour flow test.
Rig down BOP and nipple up well head.
If PC proves to be economically feasible to produce, plan to
temporarily abandon the Fruitland Coal and produce the
Pictured Cliffs.

18. I hereby certify that the foregoing is true and correct

SIGNED Murphy Brasuel TITLE Field Supt. DATE 7/22/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED

DATE JUL 29 1992

AREA MANAGER

*See Instructions on Reverse Side

NMOCD